

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

684601

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☒

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	355.00

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

TOTAL  
ADDIT. FEE

OR

OR

OR

TOTAL  
ADDIT. FEE

TOTAL  
ADDIT. FEE

TOTAL  
ADDIT. FEE

TOTAL CLAIMS	NUMBER FILED	NUMBER EXTRA
FOR		
TOTAL CHARGEABLE CLAIMS	19 minus 20=	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.